sion in the treatment of fractures is less dangerous than the radical open operation. It enables the surgeon to exert the maximum amount of traction while using the minimum area for the attachment of the traction apparatus. It will bring about a reduction of the deformity in old cases where other methods fail. The technic is not difficult and can be mastered by anyone. Therefore the method is practical and can be used by the entire profession. It gives access to wounds in compound fractures, permits of infrequent dressings, and does away with unclean, infected fixation apparatus. The apparent brutality of the procedure is not real as the patients suffer no more by this traction than by any other method. The danger of infection is less than the danger of an open, radical operation. Hemorrhage may occur but can always be readily controlled by enlarging the incision and tying off the bleeding point.

THERAPEUTICS

UNDER THE CHARGE OF

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Splenectomy in Pernicious Anemia.—Lee, Minot and Vincent (*Jour. Am. Med. Assn.*, 1916, lxvii, 719) give their findings regarding the mode of action of splenectomy as a therapeutic procedure—particularly with regard to its effect in stimulating the bone marrow to produce new blood. They believe that splenectomy in pernicious anemia has in nowise a specific stimulating effect on any one portion or any one function of the bone marrow. It apparently acts grossly on all portions, though the effects are seen at different periods of time in relation to the operation. They attribute the temporary improvement in pernicious anemia after splenectomy to two factors: (1) an associated diminution in the blood destruction; and (2) the associated increase in activity of the bone marrow. They do not attempt to explain the precise mechanism by which splenectomy brings about an increased activity of the marrow. Certain stimulating effects after splenectomy are seen almost immediately, as in the case of the increase in the polymorphonuclear leukocytes. The increase in the platelets tends to occur somewhat later, and the main increase of the reticulated cells, when it occurs, seems to be inaugurated still later. This effect on the part of the bone marrow which forms red cells is much more difficult to bring about and also is slower. Splenectomy seems to result in the greatest stimulation of the bone marrow of any known therapeutic measure. It acts on the whole bone marrow and not only on the portion that forms red cells. However, splenectomy does not alter the essential course of the disease. While more constant stimulating effects are seen after splenectomy, yet they can roughly parallel any individual case of bone marrow stimulation after splenectomy with a case of bone marrow stimulation that occurred either spontaneously or after transfusion. It is evident that from splenectomy one can attain stimulation but once. Transfusion, while perhaps of less constant and of less active effect, has two great advantages. It is relatively simple and can be repeated a number of times. Transfusion does not modify the destructive agencies at work in pernicious anemia. These considerations must be carefully weighed in advising any therapeutic procedures in this disease.

The Use of Emetin.—Reid (*Bost. Med. and Surg. Jour.*, 1916, clxxv, 375) says that the predominant use of emetin is in the treatment of amebic dysentery, and the history of the empirical use of ipecac, combined with the demonstration of the specific amebicidal action of emetin, places its use here on a solid footing. In using emetin in dysentery it is important to recall that if there is to be any benefit, it will usually appear early, ordinarily by the third or fourth day. Emetin seems specific in direct proportion to the acuteness of the attack. Chronic dysentery and ameba carriers, as a rule, are influenced by emetin directly, although even here there are certain favorable reports. Emetin has also a very definite use in the presuppurative stage of amebic abscess of the liver. After actual abscess formation, emetin may be a valuable adjuvant to surgical treatment. Emetin has been advocated lately for the treatment of pyorrhea. It will, without doubt, cure the amebic infection found associated with pyorrhea but definite proof that amebæ are the cause of pyorrhea is still lacking. The use of emetin as a remedy for hemoptysis in pulmonary tuberculosis apparently originated in France. Certain clinical observations seem to justify the belief that emetin is a useful drug in hemoptysis but the treatment is entirely empirical and does not rest upon any solid foundation. Emetin has been tried and recommended for a great variety of diseases but very few of its other applications will bear the test of careful experimentation. It has proved serviceable in the treatment of certain other diseases caused by animal parasites, especially protozoöns, but the chief use of emetin is dependant upon its amebicidal action.

Peripheral Neuritis following Emetin Treatment of Amebic Dysentery.—Wilgore (*Bost. Med. and Surg. Jour.*, 1916, clxxv, 380) reports seven cases of peripheral neuritis following the use of emetin in amebic dysentery. He says that peripheral neuritis after emetin is not uncommon. The symptoms most commonly met with in postemetin neuritis are muscular pain and weakness, usually most pronounced in the legs, sometimes going on to paresis. The neuritic symptoms often develop after the emetin injections have been stopped, and may grow progressively worse for some time, with no more administration of the drug. The total amount of emetin necessary to produce neuritis varies greatly. The prognosis is good; the symptoms clear up gradually, usually over several weeks, leaving no traces apparent. Experiments, made by Wilgore, suggest that peripheral neuritis may be produced in healthy dogs by emetin.